

General Hospital, for his help, and his kindness in supplying the autopsy report and the photographs.

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ABORTION OF ONE TWIN; DELIVERY OF SECOND AT TERM

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On June 30, 1925, I was called to see a young married woman—a multipara (3)—who gave me the following history:

On April 26, 1925, after two days of profuse vaginal bleeding and mild colicky pain in the lower abdomen, she expelled a small foetus about three inches long, with a small placenta, the two being connected by a cord about six inches long. The head, body, arms, hands and legs of the foetus were definitely formed but the feet were absent or not yet formed. Bleeding and pain ceased promptly and three days after the abortion took place the patient travelled from Boston to Halifax without further mishap.

She consulted me on account of increasing size of the abdomen, and, as she believed, because she felt foetal movements. On examination the uterus was found to be enlarged to the size of a four and a half to five months pregnancy. Foetal parts could be felt per vaginam and I plainly felt foetal movements when making the examination. Pregnancy continued normally and on November 4, 1925, she was confined, giving birth to a normal girl baby weighing seven pounds. Labour was tedious and was completed by a low forceps operation.

I examined patient carefully a few days ago (December 20). The external genitals were normal, cervix normal, uterus in normal position and of normal size and contour. Since the uterine body could be very plainly palpated a sound was not passed. The appendages were normal. There was no pelvic mass or tumour.

Apparently she had been pregnant with twins on April 26th, but aborted one foetus at that time, while the other was retained and continued

to a normal full term confinement. I may add that the patient is well known to me, and that I have no doubt as to her sincerity in the history which she gave me.

FRACTURE OF SEMILUNAR BONE DUE TO INDIRECT VIOLENCE

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A fracture of the semilunar bone due to indirect violence is of such rare occurrence that the following case appears worth recording.

R. C., a laborer, aged thirty-three, was, one day during the first week in September 1925, lifting an hundred-pound sack of cement from the ground with both hands, when he felt a pain in his right wrist, which he thought was a sprain. It was not severe enough at the time to cause him to stop work, nor even to seek medical advice regarding it. On November 15th, he called at the office complaining that he was unable to do his work properly on account of pain and weakness in the right wrist, which had been getting worse since the above-mentioned accident. The pain, though present to a certain extent all the time, was worst on flexion and was referred to the centre of the wrist.



On examination there was tenderness over the carpus both anteriorly and posteriorly. The strength of the right hand-grasp was about fifty per cent that of the left. Movements of the wrist laterally were normal, but antero-posteriorly they were restricted to about twenty-five per cent those of the other side. The accompanying Roentgenogram was taken in the position of extreme flexion and shows the anterior horn of the semilunar separated from the body of the bone.